

**MINERALS MANAGEMENT SERVICE**  
**SELF-INSURANCE OR INDEMNITY INFORMATION**

**OIL POLLUTION ACT OF 1990**  
**APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY**  
(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

AGENCY USE ONLY													
OSFRC NUMBER							INDEMNITOR NUMBER						

Pg. 1 of 1  
Form MMS-1018 (Oct. 1998)  
OMB No. 1010 - 0106  
Expiration Date: Oct. 31, 2001

1. DESIGNATED APPLICANT: \_\_\_\_\_  
COMPANY LEGAL NAME MMS QUALIFICATION NO.

2. FOR THE PURPOSE OF THIS APPLICATION THE UNDERSIGNED IS ACTING IN THE FOLLOWING CAPACITY:

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SELF-INSURER (30 CFR 253.21 AND 30 CFR 253.41)

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INDEMNITOR (30 CFR 253.30 AND 30 CFR 253.41)

3. THE AMOUNT OF COVERAGE FOR WHICH EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY IS BEING ESTABLISHED IS:

FROM	\$	0
LOWER LIMIT		

TO	\$	
UPPER LIMIT (Must be Completed)		

4. THIS COVERAGE IS EFFECTIVE: \_\_\_\_\_ AND EXPIRES ON THE FIRST CALENDAR DAY OF THE FIFTH  
DATE  
MONTH AFTER THE CLOSE OF THE SELF-INSURER'S OR INDEMNITOR'S FISCAL YEAR, WHICH ENDS: \_\_\_\_\_  
DATE

5. SELF-INSURER OR INDEMNITOR PROVIDING EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY FOR THE DESIGNATED APPLICANT:

_____ COMPANY LEGAL NAME		_____ MMS QUALIFICATION NO.
_____ ADDRESS		
_____ CITY	_____ STATE	_____ ZIP CODE
_____ CONTACT PERSON FOR CLAIMS		_____ CONTACT PERSON'S TITLE
( ) _____ AREA CODE and TELEPHONE NUMBER	( ) _____ AREA CODE and FAX NUMBER	_____ E-MAIL ADDRESS

6. THE UNDERSIGNED, AS AN OFFICER OR DESIGNATED AGENT OF THE ABOVE NAMED SELF-INSURER OR INDEMNITOR COMPANY, AGREES TO THE CONDITIONS STATED IN 30 CFR 253.21 THROUGH 30 CFR 253.28, 30 CFR 253.30, 30 CFR 253.40, AND 30 CFR 253.41, AND TO NOTIFY THE OIL SPILL FINANCIAL RESPONSIBILITY PROGRAM IN THE EVENT THE DESIGNATED APPLICANT OR THE INDEMNITOR IS NO LONGER ABLE TO MAINTAIN EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY TO THE EXTENT STATED IN SECTION 3 ABOVE (REF. 30 CFR 253.15).

_____ NAME	_____ SIGNATURE
_____ TITLE	_____ DATE

7. THE SELF-INSURER'S OR INDEMNITOR'S U.S. AGENT FOR SERVICE OF PROCESS IS:

_____ NAME		_____ MMS QUALIFICATION NO.
_____ ADDRESS		
_____ CITY	_____ STATE	_____ ZIP CODE
( ) _____ AREA CODE and TELEPHONE NUMBER	( ) _____ AREA CODE and FAX NUMBER	_____ E-MAIL ADDRESS

If the designated U.S. Agent for Service of Process cannot be served due to death, disability, or unavailability, the Director, U.S. Coast Guard National Pollution Funds Center, is the U.S. Agent for Service of Process.